

## Fill in this information to identify your case:

Debtor 1	<b>Osvaldo Santa Maria</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Yunia Santa Maria</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF FLORIDA</u>			
Case number (if known)	<u>9:18-bk-01169</u>		

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b>
		Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>201,940.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>25,962.96</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>227,902.96</u>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b>
		Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>238,294.26</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>189,495.89</u>

**Your total liabilities** \$ 427,790.15

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>4,486.68</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>4,445.97</u>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
7. **What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to

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the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>7,152.76</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>120,937.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>120,937.00</b>

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United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
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## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Total claim
Amazon	\$1,600.00
Nonpriority Creditor's Name	
<b>POB 965015</b>	
<b>Orlando, FL 32896-5018</b>	
Number Street City State Zip Code	
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____

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4.2	<b>ARS/Account Resolution Specialist</b> Nonpriority Creditor's Name  <b>Po Box 459079</b> <b>Sunrise, FL 33345</b>	Last 4 digits of account number  <b>9565</b>	\$78.00
When was the debt incurred?  <b>Opened 12/13 Last Active 09/12</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Collection Attorney Southwest Florida</b> <input checked="" type="checkbox"/> Other. Specify <b>Emergency Ma</b>			
4.3	<b>ARS/Account Resolution Specialist</b> Nonpriority Creditor's Name  <b>Po Box 459079</b> <b>Sunrise, FL 33345</b>	Last 4 digits of account number  <b>0888</b>	\$133.00
When was the debt incurred?  <b>Opened 08/17 Last Active 06/16</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Collection Attorney Southwest Florida</b> <input checked="" type="checkbox"/> Other. Specify <b>Emergency Ma</b>			
4.4	<b>ARS/Account Resolution Specialist</b> Nonpriority Creditor's Name  <b>Po Box 459079</b> <b>Sunrise, FL 33345</b>	Last 4 digits of account number  <b>8457</b>	\$133.00
When was the debt incurred?  <b>Opened 06/17 Last Active 04/16</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Collection Attorney Southwest Florida</b> <input checked="" type="checkbox"/> Other. Specify <b>Emergency Ma</b>			

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4.5	<b>ARS/Account Resolution Specialist</b> Nonpriority Creditor's Name  <b>Po Box 459079</b> <b>Sunrise, FL 33345</b>	Last 4 digits of account number  <b>8353</b>	\$384.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Emergency Ma			
<b>Collection Attorney Southwest Florida</b>			
<input checked="" type="checkbox"/> Other. Specify <b>Emergency Ma</b>			
4.6	<b>ARS/Account Resolution Specialist</b> Nonpriority Creditor's Name  <b>Po Box 459079</b> <b>Sunrise, FL 33345</b>	Last 4 digits of account number  <b>1145</b>	\$179.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Emergency Ma			
<b>Collection Attorney Southwest Florida</b>			
<input checked="" type="checkbox"/> Other. Specify <b>Emergency Ma</b>			
4.7	<b>Capio Partners Llc</b> Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b> <b>Po Box 3498</b> <b>Sherman, TX 75091</b>	Last 4 digits of account number  <b>6453</b>	\$717.00
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Emergency Ma			
<input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney North Collier Hospital</b>			

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4.8	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: General</b> <b>Correspondence/Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>4356</b>	\$339.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 07/13 Last Active 09/17</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
4.9	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: General</b> <b>Correspondence/Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>9141</b>	\$512.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 02/14 Last Active 1/09/18</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			
4.1	<b>Capital One Auto Finance</b> Nonpriority Creditor's Name <b>Attn: General</b> <b>Correspondence/Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>1001</b>	\$1.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 04/06 Last Active 4/30/14</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>			

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<b>4.1 1</b>	<p><b>Cardworks/CW Nexus</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>Po Box 9201</b>  <b>Old Bethpage, NY 11804</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3443</b></p> <p>When was the debt incurred? <b>Opened 06/16 Last Active 9/21/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$1,033.00</b>
<b>4.1 2</b>	<p><b>Cavalry Portfolio Services</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy Department</b>  <b>500 Summit Lake Ste 400</b>  <b>Valhalla, NY 10595</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0813</b></p> <p>When was the debt incurred? <b>Opened 03/17 Last Active 09/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Synchrony Bank</b></p>	<b>\$1,070.00</b>
<b>4.1 3</b>	<p><b>Cavalry SPV I, LLC</b>            Nonpriority Creditor's Name  <b>c/o Care Credit</b>  <b>FEDERATED LAW GROUP, PLLC</b>  <b>887 Donald Ross Road</b>  <b>North Palm Beach, FL 33408</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0001</b></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Lawsuit</b></p>	<b>\$1,070.17</b>

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<b>4.1 4</b>	<p><b>Citibank/The Home Depot</b>            Nonpriority Creditor's Name  <b>Citicorp Cr Svrs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63129</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3920</b></p> <p>When was the debt incurred? <b>Opened 12/15 Last Active 7/03/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$3,284.00</b>
<b>4.1 5</b>	<p><b>Comenity Bank/Victoria Secret</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy Po Box 182125 Columbus, OH 43218</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9485</b></p> <p>When was the debt incurred? <b>Opened 11/01 Last Active 4/05/05</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$1.00</b>
<b>4.1 6</b>	<p><b>Convergent Healthcare Recovery</b>            Nonpriority Creditor's Name  <b>121 Ne Jefferson St Suite 100 Peoria, IL 61602</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1733</b></p> <p>When was the debt incurred? <b>Opened 05/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Nch - North Naples Hospital</b></p>	<b>\$1,116.00</b>

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<b>4.1 7</b>	<p><b>Credit Collection Service</b>            Nonpriority Creditor's Name  <b>Po Box 773 Needham, MA 02494</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>	Last 4 digits of account number <b>2381</b> When was the debt incurred? <b>Opened 4/07/14</b> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$87.00</b>
<b>4.1 8</b>	<p><b>Credit Management LP</b>            Nonpriority Creditor's Name  <b>4200 International Pkwy Carrollton, TX 75007</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection for: Copmcast Cable</b></p>	Last 4 digits of account number <b>5736</b> When was the debt incurred?	<b>\$480.25</b>
<b>4.1 9</b>	<p><b>Credit One Bank Na</b>            Nonpriority Creditor's Name  <b>Po Box 98873 Las Vegas, NV 89193</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	Last 4 digits of account number <b>5760</b> When was the debt incurred? <b>Opened 07/14 Last Active 10/16</b> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$1.00</b>

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.2 0	<b>Credit One Bank Na</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>7588</b>	\$1,662.00
	<b>Po Box 98873</b> <b>Las Vegas, NV 89193</b>	When was the debt incurred?	<b>Opened 01/15 Last Active 07/17</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

4.2 1	<b>Dept Of Ed/Navient</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>0905</b>	\$2,535.00
	<b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>	When was the debt incurred?	<b>Opened 09/17 Last Active 12/31/17</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>		

4.2 2	<b>Dept Of Ed/Navient</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>0905</b>	\$2,250.00
	<b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>	When was the debt incurred?	<b>Opened 09/17 Last Active 12/31/17</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.2 3	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0218</b>	\$9,041.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>  <b>Opened 02/11 Last Active 12/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.2 4	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0218</b>	\$4,137.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>  <b>Opened 02/11 Last Active 12/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.2 5	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0217</b>	\$4,057.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>  <b>Opened 02/10 Last Active 12/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.2 6	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0217</b>	\$2,991.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>  <b>Opened 02/10 Last Active 12/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.2 7	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0707</b>	\$4,485.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>  <b>Opened 07/09 Last Active 12/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.2 8	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0707</b>	\$10,166.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>  <b>Opened 07/09 Last Active 12/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.2 9	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>1001</b>	\$3,879.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 10/13 Last Active 12/31/17</b>	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	

**Educational**

4.3 0	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>1001</b>	\$2,899.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 10/13 Last Active 12/31/17</b>	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	

**Educational**

4.3 1	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0907</b>	\$10,689.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 09/11 Last Active 12/31/17</b>	
	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	

**Educational**

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.3 2	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0907</b>	\$3,666.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 09/11 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.3 3	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0201</b>	\$4,937.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 02/10 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.3 4	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0201</b>	\$4,937.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 02/10 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.3 5	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0201</b>	\$5,281.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 02/10 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.3 6	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>1002</b>	\$1,173.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 10/09 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.3 7	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0618</b>	\$3,926.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 06/09 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.3 8	<b>Dept Of Ed/Navient</b> Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0601</b> <b>When was the debt incurred?</b> <b>Opened 06/09 Last Active 12/31/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$4,154.00</b>
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**Educational**

4.3 9	<b>Dept Of Ed/Navient</b> Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0601</b> <b>When was the debt incurred?</b> <b>Opened 06/09 Last Active 12/31/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$6,324.00</b>
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**Educational**

4.4 0	<b>Dept Of Ed/Navient</b> Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0923</b> <b>When was the debt incurred?</b> <b>Opened 09/10 Last Active 12/31/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$9,491.00</b>
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**Educational**

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.4 1	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>0923</b>	\$5,119.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 09/10 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.4 2	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>1001</b>	\$4,154.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 10/08 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.4 3	<b>Dept Of Ed/Navient</b>  Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>P.O. Box 9635</b> <b>Wilkes Barr, PA 18773</b>  Number Street City State Zip Code	Last 4 digits of account number  <b>1001</b>	\$10,634.00
	<b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>  <b>Opened 10/08 Last Active 12/31/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.4 4	<p><b>Deutsche Bank National Trust</b>            Nonpriority Creditor's Name  <b>c/o Chad W Howard, Esq.</b>  <b>9210 King Palm Drive</b>  <b>Tampa, FL 33619</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <u>LOT 5 Lee County</u></p>	<p>Last 4 digits of account number <b>01XX</b></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p><b>\$41,648.67</b></p>
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4.4 5	<p><b>Doctors Business Bureau</b>            Nonpriority Creditor's Name  <b>202 N Federal Hwy</b>  <b>Lake Worth, FL 33460-3438</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify _____</p>	<p>Last 4 digits of account number <b>0503</b></p> <p>When was the debt incurred? <b>Opened 03/13 Last Active 05/12</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p><b>\$503.00</b></p>
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Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.4 6	<b>ERC/Enhanced Recovery Corp</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256</b>	Last 4 digits of account number <b>2467</b>	\$637.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 12/16</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney At T Mobility</b>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.4 7	<b>Fifth Third Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptch Department</b> <b>1830 E Paris Ave Se</b> <b>Grand Rapids, MI 49546</b>	Last 4 digits of account number <b>2280</b>	\$1.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 05/13 Last Active 11/15/16</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Line Secured</b>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.4 8	<b>Fifth Third Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptch Department</b> <b>1830 E Paris Ave Se</b> <b>Grand Rapids, MI 49546</b>	Last 4 digits of account number <b>1332</b>	\$1.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 05/13 Last Active 11/16</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Line Secured</b>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.4 9	<p><b>First National Credit Card/Legacy</b>  <small>Nonpriority Creditor's Name</small></p> <p><b>First National Credit Card</b>  <b>Po Box 5097</b>  <b>Sioux Falls, SD 51117</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8752</b></p> <p>When was the debt incurred? <b>Opened 8/19/16 Last Active 01/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$484.00</b>
4.5 0	<p><b>First National Credit Card/Legacy</b>  <small>Nonpriority Creditor's Name</small></p> <p><b>First National Credit Card</b>  <b>Po Box 5097</b>  <b>Sioux Falls, SD 51117</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2519</b></p> <p>When was the debt incurred? <b>Opened 8/19/16 Last Active 04/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$1.00</b>
4.5 1	<p><b>First Premier Bank</b>  <small>Nonpriority Creditor's Name</small></p> <p><b>Po Box 5524</b>  <b>Sioux Falls, SD 57117</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1138</b></p> <p>When was the debt incurred? <b>Opened 01/14 Last Active 11/07/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$479.00</b>

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.5 2	<b>HRG</b> Nonpriority Creditor's Name <b>P.O. BOX 8466</b> <b>Pompano Beach, FL 33075</b> Number Street City State Zip Code	Last 4 digits of account number <b>9309</b>	<b>\$477.72</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <b>Other. Specify</b> <u>Medical Bill Collection for the following accounts:</u>  <b>017813737-59268064</b>  <b>0178872126-59268064</b>  <b>0179781466-59268064</b></p>			

4.5 3	<b>Integrated Emergency Med</b> Nonpriority Creditor's Name <b>P.O. Box 10569</b> <b>Daytona Beach, FL 32120</b> Number Street City State Zip Code	Last 4 digits of account number <b>1393</b>	<b>\$31.26</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <b>Other. Specify</b> <u>Medical Bill</u></p>			

4.5 4	<b>Integrated Emergency Med</b> Nonpriority Creditor's Name <b>P.O. Box 10569</b> <b>Daytona Beach, FL 32120</b> Number Street City State Zip Code	Last 4 digits of account number <b>1249</b>	<b>\$130.88</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <b>Other. Specify</b> <u>Medical Bill</u></p>			

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.5 5	<b>LVNV Funding/Resurgent Capital</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>9489</b>	\$655.00
	<b>Po Box 10497 Greenville, SC 29603</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 06/17 Last Active 10/16</b>	
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<b>Factoring Company Account Capital One ■ Other. Specify N.A.</b>		
4.5 6	<b>LVNV Funding/Resurgent Capital</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>5760</b>	\$1,270.00
	<b>Po Box 10497 Greenville, SC 29603</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 05/17 Last Active 10/16</b>	
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<b>Factoring Company Account Credit One ■ Other. Specify Bank N.A.</b>		
4.5 7	<b>Maccredit/mdlndstbk/gr</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>2230</b>	\$1.00
	<b>1797 Ne Expressway Atlanta, GA 30329</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 07/14 Last Active 12/17</b>	
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<b>■ Other. Specify Agriculture</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.5 8	<p><b>Mid America Bank &amp; T</b>  <small>Nonpriority Creditor's Name</small></p> <p><b>121 Continental Dr Ste 1    Newark, DE 19713</b>  <small>Number Street City State Zip Code</small></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8234</b></p> <p>When was the debt incurred? <b>Opened 07/14 Last Active 12/14/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$1.00</b>
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4.5 9	<p><b>Naples Radiologist P.A.</b>  <small>Nonpriority Creditor's Name</small></p> <p><b>P.O. Box 1187    Indianapolis, IN 46206-1187</b>  <small>Number Street City State Zip Code</small></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>IC10</b></p> <p>When was the debt incurred? <b>10/9/20017</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Bill</b></p>	<b>\$73.62</b>
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4.6 0	<p><b>Navient</b>  <small>Nonpriority Creditor's Name</small></p> <p><b>Attn: Bankruptcy    Po Box 9500    Wilkes-Barre, PA 18773</b>  <small>Number Street City State Zip Code</small></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0201</b></p> <p>When was the debt incurred? <b>Opened 2/01/10 Last Active 10/12/10</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <b>Educational</b></p>	<b>\$1.00</b>
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Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.6 1	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0707</b>	\$1.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 07/09 Last Active 09/08</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Educational**

4.6 2	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0707</b>	\$1.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 07/09 Last Active 09/08</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Educational**

4.6 3	<b>Navient</b> Nonpriority Creditor's Name <b>11100 Usa Pkwy</b> <b>Fishers, IN 46037</b> Number Street City State Zip Code	Last 4 digits of account number <b>0217</b>	\$1.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 02/10 Last Active 09/08</b>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Educational**

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.6 4	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0618</b>	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 06/09 Last Active 09/10</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.6 5	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0601</b>	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 06/09 Last Active 09/10</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.6 6	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0601</b>	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 06/09 Last Active 09/10</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.6 7	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>1002</b>	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 10/09 Last Active 09/10</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.6 8	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0201</b>	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 02/10 Last Active 09/10</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

4.6 9	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0201</b>	\$1.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 02/10 Last Active 09/10</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Educational</b>		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.7 0	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b>	Last 4 digits of account number <b>1001</b>	<b>\$1.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 10/08 Last Active 09/09</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			

4.7 1	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b>	Last 4 digits of account number <b>1001</b>	<b>\$1.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 10/08 Last Active 09/09</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			

4.7 2	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9500</b> <b>Wilkes-Barre, PA 18773</b>	Last 4 digits of account number <b>0217</b>	<b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		<b>When was the debt incurred?</b> <b>Opened 02/10 Last Active 09/08</b>	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.7 3	<b>ONPASV01</b> Nonpriority Creditor's Name <b>P.O. Box 1280</b> <b>Oaks, PA 19456-1280</b>	Last 4 digits of account number <b>2096</b>	\$1,161.60
	Number Street City State Zip Code	When was the debt incurred? <b>9/23/2017</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.7 4	<b>Physicians Regional Health</b> Nonpriority Creditor's Name <b>P.O. Box 1280</b> <b>Oaks, PA 19456-1280</b>	Last 4 digits of account number <b>9298</b>	\$1,161.60
	Number Street City State Zip Code	When was the debt incurred? <b>12/2017</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.7 5	<b>Santander Consumer USA</b> Nonpriority Creditor's Name <b>Po Box 961245</b> <b>Ft Worth, TX 76161</b>	Last 4 digits of account number <b>1000</b>	\$898.00
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 12/11 Last Active 07/17</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

**9:18-bk-01169**

4.7 6	<p><b>Specialized Collections Bure</b>            Nonpriority Creditor's Name  <b>3443 Camino Del Rio S</b>  <b>Suite 201</b>  <b>San Diego, CA 92108</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2672</b></p> <p>When was the debt incurred? <b>Opened 05/15 Last Active 02/15</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Debt F S Radiology P</b></p>	<b>\$230.00</b>
4.7 7	<p><b>Synchrony Bank/Amazon</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>Po Box 965060</b>  <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3049</b></p> <p>When was the debt incurred? <b>Opened 11/15 Last Active 1/10/18</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$1,619.00</b>
4.7 8	<p><b>Synchrony Bank/Care Credit</b>            Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b>  <b>Po Box 965060</b>  <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4810</b></p> <p>When was the debt incurred? <b>Opened 06/15 Last Active 07/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<b>\$1,647.00</b>

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known)

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4.7 9	<b>Synchrony Bank/Care Credit</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b>	Last 4 digits of account number <b>2806</b>	\$720.31
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 06/15 Last Active 09/16</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.8 0	<b>Synchrony Bank/Sams</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b>	Last 4 digits of account number <b>1710</b>	\$845.81
	Number Street City State Zip Code	When was the debt incurred? <b>Opened 05/16 Last Active 08/17</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
		6e. <b>Total Priority.</b> Add lines 6a through 6d.  6e. \$ <b>0.00</b>
<b>Total claims</b>	6f. Student loans	6f. \$ <b>120,937.00</b>

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known) **9:18-bk-01169**

from Part 2

- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total Nonpriority. Add lines 6f through 6i.

6g.	\$	<b>0.00</b>
6h.	\$	<b>0.00</b>
6i.	\$	<b>68,558.89</b>

6j.	\$	<b>189,495.89</b>
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**Fill in this information to identify your case:**

Debtor 1	<b>Osvaldo Santa Maria</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Yunia Santa Maria</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	<b>9:18-bk-01169</b>		

Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Osvaldo Santa Maria  
**Osvaldo Santa Maria**  
Signature of Debtor 1

Date February 16, 2018

X /s/ Yunia Santa Maria  
**Yunia Santa Maria**  
Signature of Debtor 2

Date February 16, 2018

**Fill in this information to identify your case:**

Debtor 1	<b>Osvaldo Santa Maria</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Yunia Santa Maria</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	<u>9:18-bk-01169</u>		

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.	\$67,229.28	Sources of income Check all that apply.	\$7,593.18
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business		<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	

For last calendar year:  
(January 1 to December 31, 2017)

Debtor 1 **Osvaldo Santa Maria**  
Debtor 2 **Yunia Santa Maria**Case number (if known) **9:18-bk-01169**

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$56,253.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$21,490.00</b>
<b>For the calendar year:</b> <b>(January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$69,934.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$10,322.00</b>
<b>For the calendar year:</b> <b>(January 1 to December 31, 2014 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$71,299.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$19,260.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known) **9:18-bk-01169****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Deutsche Bank National Trust Company Vs. Osvaldo Santa-Maria Case: 11-2017-0000886-0001-XX	Lawsuit	Circuit Court 20th Judicial Circuit Collier County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Cavalry PSV I, LLC AS Assignee of SYNCHRONY BANK/CARE CREDIT  vs. YUNIA SANTAMARIA 11-2018-SC-000304-0001-XX	Contract Indebtedness	Clerk of Court, Civil Division P.O. Box 413044 Naples, FL 34101-3044	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
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**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
U.S. Bank, N.A. 12650 Ingenuity Drive Orlando, FL 32826	Property Address: 1702 Dewitt Avenue N, Lehigh Agres FL 33971 Legal Description: LEHIGH PARK UNIT 3 BLK 31 PB 15 PG 66 LOT 5 Lee County	01/28/2009	\$0.00

- Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized or levied.

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known) **9:18-bk-01169**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Robert Sanchez, Esq. 355 W 49th Street Hialeah, FL 33012	\$1,500.00	12/22/2017	\$1,500.00

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (if known) **9:18-bk-01169**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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#### **Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (*if known*) **9:18-bk-01169****Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Osvaldo Santa Maria**  
 Debtor 2 **Yunia Santa Maria**

Case number (*if known*) **9:18-bk-01169**

- No. None of the above applies. Go to Part 12.**
- Yes. Check all that apply above and fill in the details below for each business.**

<b>Business Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Describe the nature of the business</b>  <b>Name of accountant or bookkeeper</b>	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b>  <b>Dates business existed</b>
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No**
- Yes. Fill in the details below.**

<b>Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Date Issued</b>
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**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Osvaldo Santa Maria  
**Osvaldo Santa Maria**  
 Signature of Debtor 1

/s/ Yunia Santa Maria  
**Yunia Santa Maria**  
 Signature of Debtor 2

Date February 16, 2018

Date February 16, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No**
- Yes**

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No**
- Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).